

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M. D., DIRECTOR

Weekly



Bulletin

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GUY P. JONES
EDITOR

Many Children Have Whooping Cough.

Large numbers of cases of whooping cough are being reported in California, and from present indications there will be a higher incidence of this disease during 1928 than at any time since 1925, when more than 10,000 cases and almost 500 deaths were reported. More than 3200 cases have been reported in the state since the beginning of the present year.

Unlike most of the respiratory infections, whooping cough is more prevalent during the late spring and summer than during the winter. The disease exacts its heaviest mortality among infants under one year of age. It must always be regarded as one of the most serious diseases that attack children. Pneumonia and diseases of the digestive system are the only two diseases that cause more deaths in young children. One reason that it is specially serious is because of the disastrous after effects that follow; bronchial pneumonia frequently occurs after cases of whooping cough, and diseases such as miliary tuberculosis and other chronic diseases very often follow whooping cough.

Epidemics of this disease seem to bear a strange relation to epidemics of other diseases, as they often precede

or follow epidemics, particularly those of measles. Since the largest number of cases of measles ever to occur in a single year in California were reported last year, it would seem that this strange relationship may have something to do with bringing an unprecedented number of cases this year.

Mothers of young children should take special pains to protect them from contact with children who have whooping cough. Since the disease is generally fatal to very young children, it is particularly important that everything possible be done to safeguard infants against contracting the disease. If every child who is suffering from what appears to be an ordinary cold were isolated immediately upon the beginning of the illness, much could be accomplished in the control of whooping cough. It is spread through contact with fresh secretions from the nose and mouth of another person who may be suffering from the disease. All children with colds should be kept away from other children, and well children should not be permitted to come into contact with sick children. The chief duty of parents lies in the exercise of such control measures. Strange to relate, many parents continue to regard whooping cough as a mild disorder, and they fail to co-operate with public health authorities in their efforts to check its spread.

One of the difficulties encountered in the control of the disease lies in the fact that the characteristic cough may not occur until a week or more after the beginning of the disease. Meanwhile, the sick child may be scattering the disease broadcast, for it is during the early stages that the disease is most highly communicable. This fact emphasizes the importance of isolating children, at the present time, who show any symptoms of common colds. The characteristic whoop is usually preceded by symptoms of a cold for about four days. The cough may continue for many weeks, but after three or four weeks children who continue to cough are regarded as being incapable of spreading the disease. The state regulations require that cases of whooping cough be isolated for three weeks after the development of the characteristic whoop.

Following are the numbers of cases and deaths from whooping cough in California for the past five years:

Year	Cases	Deaths
1923 -----	5,395	324
1924 -----	3,176	164
1925 -----	10,469	470
1926 -----	3,521	164
1927 -----	7,466	195
1928 -----	*3,232	

*First four months.

In the homes of America are born the children of America, and from them go out into American life American men and women. They go out with the stamp of these homes upon them, and only as these homes are what they should be, will the children be what they should be.—J. G. Holland.

Ross Has New Health Officer.

Dr. George H. Willcutt has been appointed city health officer of Ross, Marin County, to succeed Mr. M. H. Edgar.

The prime object of a board of health is to act as a central organization so that physicians, who are the principal health teachers, can function coordinately through the central body for the best interest of the public welfare.

The chief duty of an efficient health officer is to bring about a better understanding in matters pertaining to health between the public and the physicians who serve the public; to keep people informed of the advance in knowledge of the medical profession in the prevention of disease, and help preserve that confidence, trust and respect which the family physician has always enjoyed.—From Annual Report of Winona (Minn.) Health Department.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX	MEASLES
BERI-BERI	MUMPS
BOTULISM	OPHTHALMIA NEONATORUM
CEREBROSPINAL MENINGITIS (Epidemic)	PARATYPHOID FEVER
CHICKENPOX	PELLAGRA
CHOLERA, ASIATIC	PLAGUE
DENGUE	PNEUMONIA
DIPHTHERIA	POLIOMYELITIS
DYSENTERY	RABIES
ENCEPHALITIS (Epidemic)	ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
ERYSIPELAS	SCARLET FEVER
FLUKES	SMALLPOX
FOOD POISONING	SYPHILIS*
GERMAN MEASLES	TETANUS
GLANDERS	TRACHOMA
GONOCOCCUS INFECTION*	TUBERCULOSIS
HOOKWORM	TYPHOID FEVER
INFLUENZA	TYPHUS FEVER
JAUNDICE, INFECTIOUS	WHOOPIING COUGH
LEPROSY	YELLOW FEVER
MALARIA	
MALTA FEVER	

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)	POLIOMYELITIS
CHOLERA, ASIATIC	SCARLET FEVER
DIPHTHERIA	SMALLPOX
ENCEPHALITIS (Epidemic)	TYPHOID FEVER
LEPROSY	TYPHUS FEVER
PLAGUE	YELLOW FEVER

* Reported by office number. Name and address not required.

The man who is sound and healthy steps out on life's highway with a song in his heart, looking forward eagerly to life's adventure, curious to see what is around the next corner. To him life's struggle is stimulating, attractive. The man out of health fears every turn in the road. There is no song in his heart, but a continual flutter of apprehension. He avoids rather than seeks life's struggles.

Good health is the foundation not only of business success but of successful living. Its influence on personality is profound, and in urging that one's health assets be examined and improved to the highest degree, we are seeking to accomplish that which will make life more colorful, more satisfying, and in every way more livable for the great mass of the people.

These are days when tremendous efforts are being directed against particular forms of disease—tuberculosis, cancer, heart disease, typhoid, etc. This is good work and must go on; but it will easily become apparent to anyone who critically examines the evidence presented in this volume that all forms of disease and of physical deficiency can be combated, so far as it is humanly possible to do so, by a thoroughly organized, comprehensive campaign along the lines laid down. In addition to detached battles with particular tribes of enemies, there should be one great battle line driving backward all enemies that assail our power to live and work and be happy.—Eugene Lyman Fisk, M.D., medical director, Life Extension Institute.

"The right moment to begin moral training is the moment of birth, because then it can be begun without disappointing expectations. At any later time it will have to fight against contrary habits, and will therefore be met with resentful indignation. Moreover, habits acquired very early feel, in later life, just like instincts; they have the same profound grip."—Bertrand Russell.

1928 Shows Better Reporting.

Material gathered by the California State Department of Public Health indicates that health officers were more faithful in sending in their weekly reports of communicable diseases during the year 1927 than during preceding years. Most health officers report weekly, without fail, as is required. Others may report all cases of disease that come to their attention but they do not submit reports to the state oftener than once a month. Other health officers make it a practice never to send a report unless there are cases of disease that have been reported to them. It is of the utmost importance that, even though no cases of communicable disease may have been reported locally, the health officer advise the state of the non-existence of reportable cases. In this way, only, is the state able to make comprehensive reports to the federal government. There follows a list of health officers whose record during 1927 was practically 100 per cent perfect in reporting weekly to the state. There is also published a list of those health officers whose reports have been received at least once a month and perhaps oftener. In some of these cities and counties there have been changes in health officers and two or more men may have held the office during the year. It should be borne in mind, also, that this list does not cover the reporting of health officers who have assumed their duties since the beginning of the present year. Following is the roll of honor for reporting during the year 1927:

Reporting of Health Departments in the State of California Tabulated from 1927 Records.

Grade A. Practically 100 Per Cent Perfect.

Alameda County	Los Angeles County
Alameda	and contracting towns
Albany	Burbank
Berkeley	Claremont
Livermore	Covina
Oakland	Culver City
Colusa County	Glendale
Colusa	Long Beach
Pittsburg	Los Angeles
Richmond	Pasadena
Walnut Creek	Madera
Del Norte County	Corte Madera
Crescent City	Monterey County
Fresno County	Carmel
Fresno	King City
Eureka	Monterey
Kern County	Pacific Grove
Bakersfield	Salinas
Kings County	Napa
Hanford	
Lemoore	

Orange County and contracting towns	San Bruno
Lincoln	San Mateo
Riverside County	Santa Barbara County
Riverside	Santa Barbara
Sacramento	Santa Clara County
San Bernardino	Palo Alto
County	San Jose
Ontario	Solano County
San Bernardino	Benicia
San Diego County	Vacaville
National City	Vallejo
Oceanside	Sonoma County
San Diego	Tulare County
San Francisco	Dinuba
San Joaquin County	Visalia
(entire county)	Tuolumne County
San Luis Obispo	Sonora
County	Yolo County
(entire county)	Davis
Burlingame	Winters
Redwood City	Woodland

Grade B. At least once a month.

Hayward	Sacramento County
Piedmont	San Benito County
San Leandro	Hollister
Butte County	Colton
Chico**	Redlands*
Gridley	Chula Vista
Calaveras County	Coronado
Contra Costa County	San Mateo County
Orland	Gilroy
Humboldt County	Los Gatos
Calexico**	Mountain View
Inyo County	Santa Clara
Lake County	Santa Cruz**
Beverly Hills	Healdsburg**
Inglewood	Petaluma
Montebello	Santa Rosa
South Pasadena	Stanislaus County**
Madera County	Modesto**
Marin County	Newman
Sausalito**	Sutter County**
Merced County	Yuba City**
Gustine	Tehama County
Merced**	Red Bluff*
Alturas	Exeter*
Napa County	Lindsay
Placer County**	Porterville
Auburn**	Ventura County
Colfax	Oxnard
Banning**	Santa Paula
Corona**	Ventura

*Practically perfect the first four months of the year.

**Practically perfect the first six months of the year.

MORBIDITY.*

Diphtheria.

83 cases of diphtheria have been reported, as follows: Berkeley 2, Oakland 11, San Leandro 1, Fresno 1, Los Angeles County 1, Alhambra 1, Azusa 1, Long Beach 3, Los Angeles 19, Monrovia 1, Pasadena 1, San Fernando 1, Santa Monica 1, South Pasadena 1, South Gate 2, Bell 1, Marin County 2, Brea 1, Fullerton 1, Orange 1, Santa Ana 1, Riverside County 4, Redlands 1, Oceanside 2, San Diego 1, San Francisco 16, San Joaquin County 1, Lodi 1, Santa Clara County 1, Mountain View 1, Santa Cruz 1.

Scarlet Fever.

161 cases of scarlet fever have been reported, as follows: Alameda 2, Berkeley 6, Oakland 17, Piedmont 11, San Leandro 1, Plymouth 1, Angels Camp 1, Richmond 1, Fresno County 1, Fresno 2, Humboldt County 1, Kern County 2, Los Angeles County 5, Arcadia 1, Huntington Park 1, Long Beach

*From reports received on May 14th and 15th, for week ending May 12th.

3, Los Angeles 14, Pasadena 1, South Gate 2, Marin County 1, Salinas 1, Anaheim 1, Riverside County 3, Hemet 4, Riverside 1, Sacramento 13, Colton 1, San Diego County 2, National City 4, San Diego 7, San Francisco 36, San Joaquin County 3, Stockton 15, Santa Barbara 1, Santa Clara County 2, San Jose 2, Red Bluff 1.

Measles.

109 cases of measles have been reported, as follows: Berkeley 2, Oakland 4, Contra Costa County 1, Fresno 1, Kern County 3, Los Angeles County 7, Alhambra 1, Claremont 2, Glendale 3, Huntington Park 1, Long Beach 1, Los Angeles 24, Pasadena 1, Redondo 1, Monterey Park 1, Signal Hill 1, Salinas 1, Huntington Beach 1, Orange County 1, Riverside 6, Sacramento 3, San Bernardino 1, National City 8, Oceanside 1, San Diego 1, San Francisco 18, Santa Barbara 7, Solano County 1, Benicia 1, Vallejo 3, Sonora 1, Ventura 1.

Smallpox.

13 cases of smallpox have been reported, as follows: Oakland 9, Colusa County 1, Monterey County 1, California 2.

Typhoid Fever.

18 cases of typhoid fever have been reported, as follows: Sacramento County 1, San Francisco 10, San Joaquin County 4, Santa Clara County 1, California 2.

Whooping Cough.

309 cases of whooping cough have been reported, as follows: Alameda 1, Berkeley 4, Oakland 6, Piedmont 3, Contra Costa County 3, Fresno County 1, Fresno 4, Bakersfield 1, Los Angeles County 28, Alhambra 1, Beverly Hills 1, Compton 1, Culver City 4, Hermosa 4, Huntington Park 1, Inglewood 1, Long Beach 11, Los Angeles 54, Pasadena 11, Pomona 1, Redondo 3, Sierra Madre 5, South Gate 2, Orange County 2, Anaheim 10, Fullerton 10, Orange 4, Santa Ana 19, La Habra 1, Riverside County 9, Blythe 3, Sacramento 5, Colton 2, San Bernardino 7, San Diego County 2, Chula Vista 1, National City 1, San Diego 25, San Francisco 7, San Joaquin County 6, Stockton 27, Santa Barbara County 4, Santa Barbara 1, Santa Clara County 3, Gilroy 2, Los Gatos 2, Palo Alto 2, Stanislaus County 1, Exeter 1, Sonora 1.

Meningitis (Epidemic).

3 cases of epidemic meningitis have been reported, as follows: Brawley 1, Los Angeles 2.

Poliomyelitis.

7 cases of poliomyelitis have been reported, as follows: Berkeley 1, Oakland 3, Beverly Hills 1, Los Angeles 1, Santa Clara County 1.

Food Poisoning.

Bell reported one case of food poisoning.

COMMUNICABLE DISEASE REPORTS

Disease	1928				1927			
	Week ending			Reports for week ending May 12 received by May 15	Week ending			Reports for week ending May 14 received by May 17
	April 21	April 28	May 5		April 23	April 30	May 7	
Anthrax.....	0	0	1	0	0	0	0	0
Botulism.....	0	0	0	0	0	0	0	0
Chickenpox.....	634	513	527	526	492	563	429	415
Diphtheria.....	99	88	99	83	142	134	130	99
Dysentery (Bacillary).....	12	3	0	2	1	1	0	0
Encephalitis (Epidemic).....	2	2	0	0	4	3	3	0
Food Poisoning.....	4	14	17	1	3	0	0	0
German Measles.....	350	377	294	325	80	273	93	125
Gonococcus Infection.....	95	96	124	171	106	109	93	97
Influenza.....	39	29	34	36	38	23	40	20
Jaundice (Epidemic).....	0	0	0	0	0	0	0	0
Leprosy.....	0	2	1	0	1	0	1	2
Malaria.....	0	0	0	2	2	0	1	0
Measles.....	155	115	136	109	2722	2515	2212	1523
Meningitis (Epidemic).....	6	7	4	3	11	11	4	3
Mumps.....	344	361	287	352	199	307	263	201
Paratyphoid Fever.....	1	0	0	0	4	0	1	1
Pneumonia (Lobar).....	44	136	64	57	111	63	55	23
Poliomyelitis.....	3	6	11	7	3	2	4	5
Rabies (Animal).....	12	11	13	14	7	9	7	12
Rocky Mt. Spotted Fever.....	0	0	5	0	0	0	0	0
Scarlet Fever.....	133	125	162	161	197	205	189	213
Smallpox.....	25	20	23	13	45	39	29	34
Syphilis.....	110	148	106	283	92	135	189	96
Tetanus.....	3	1	0	1	1	1	0	0
Trachoma.....	3	2	1	6	1	39	3	8
Trichinosis.....	0	0	0	0	16	2	0	0
Tuberculosis.....	170	290	193	212	190	186	244	211
Typhoid Fever.....	5	4	8	18	18	12	12	6
Typhus Fever.....	0	0	0	0	0	0	0	0
Whooping Cough.....	302	397	253	309	204	231	301	236
Totals.....	2551	2747	2363	2691	4690	4863	4303	3205

CALIFORNIA STATE PRINTING OFFICE